

25 JAN 2005

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551883

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	1					
13	0					
14	0					
15	0					
16	0					
17			1			
18			1			
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46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			2			
TOTAL DEP.	16		34			
TOTAL CLAIMS	17		36			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						